

MOBILE FOOD UNIT PLAN REVIEW APPLICATION

*****Completion of this form does not constitute authorization to operate a mobile food unit.***
All mobile food units must be inspected and permitted prior to operation.**

Plan Review Fee (EACH): \$175

Purpose of Application:

New Construction Major Remodel Change of Service Change of Ownership Advance Consultation Other _____

Type of Application: (Check all that apply and provide the following information.)

UNIT TYPE	# OF UNIT(S)	PROCESS TYPE (*DEFINITIONS BELOW)		
<input type="checkbox"/> NON-TCS Pushcart (non-perishable)		<input type="checkbox"/> 1		
<input type="checkbox"/> TCS Pushcart (perishable)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> Ice Cream Truck		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> Snow Cone Truck		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> Roadside Vendor		<input type="checkbox"/> 1		
<input type="checkbox"/> Full Service Mobile Truck		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> Limited Service Mobile Truck		<input type="checkbox"/> 1		

****Process Type Definitions:***

- ❖ **Process 1** – Vending or service of food and beverages with or without preparation and involves no cooking
(General Steps: Receive ⇒ Store ⇒ Prepare ⇒ Hold ⇒ Serve ⇒ Vend)
- ❖ **Process 2** – Food preparation for same day service
(General Steps: Receive ⇒ Store ⇒ Prepare ⇒ Cook ⇒ Hold ⇒ Serve)
- ❖ **Process 3** – Complex food preparation
(General Steps: Receive ⇒ Store ⇒ Prepare ⇒ Cook ⇒ Cool ⇒ Hold ⇒ Serve)

Establishment and Owner Information:

Name of Establishment:	Unit #
Unit License Plate (if applicable):	VIN (if applicable):
Registered Address:	
Web Address:	
Social Media Affiliations (Facebook, Twitter, Instagram, etc.):	
Name of Owner:	
Owner's Mailing Address:	
Owner's Telephone #:	Alternate #:
Owner's Email Address (Required):	

Applicant Information: Same as above

Applicant's Name:	Title (owner, manager, contractor, etc.):
Applicant's Tel #:	Alt #:
Applicant Email:	
Projected Date for Start of Project:	Projected Date for Completion of Project:

Documentation required to be submitted with this application: (Not applicable for requested advance consultation)

<input type="checkbox"/> Floor Plan with All Required Contents of the Mobile Food Unit Floor Plan Guidance Document.
<input type="checkbox"/> Supplemental Information Specified in the Mobile Food Unit Plan Review General Information Document

OFFICE USE ONLY:

Date Received: _____	Pmt. Method: _____	Adv. Consult Fee(\$50): _____	Amt. Owed: \$ _____	Amendment Fee: \$20 _____
Master File #: _____	Inventory #: _____	Program Element: _____	Location Code: _____	District: _____
Menu: _____	CFM: _____	Sales Tax ID: _____	Fed. EIN: _____	501(c)(3): _____
DL/ID for personal check: _____	Ownership Info: _____			
Floor Plan Rec'd: _____	Rev. Floor Plan Req.: _____	Floor Plan Approved: _____	Issued to Inspector: _____	Date Issued to Inspector: _____

MOBILE FOOD GUIDANCE DOCUMENT

To Be Completed by the Owner/Operator and Submitted to the
Northeast Texas Public Health District (NET Health)
Environmental Health Department Plan Review Application

ENSURE TO INCLUDE:

- Detailed Proposed Menu** (Including Seasonal Menus)
- Floor Plan Design and Diagrams of Mobile Food Unit** clear drawn-to scale 1/4" renderings on an 11" x 17" paper minimum.
 - Equipment Schedule (ALL equipment installed in Mobile Food Unit needs to be identified)**
 - NON-ANSI Equipment (Subject to NET Health Approval)** manufacturer's name, model numbers, and manufacturer's specification sheets may be requested.
 - Lighting Plan – Types of fixture, intensity and confirmation the bulb is properly shielded**
 - Finish Schedule- composition of floors, walls, and ceilings**
- Central Preparation Facility Site Plan**
 - Plan must show the location of storage and preparation area in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, grease interceptor, well, servicing area, septic system, parking etc.).
- Elevation Plan (all sides, front, back, top views of mobile food unit) are preferred to locate utility hook-ups, generators, propane tanks, serving windows, etc. around the vehicle**

FOOD MANAGER KNOWLEDGE – Policies required by permitting “opening” inspection:

- A designated person in charge that is a Certified Food Manager (CFM) and that can demonstrate knowledge of food-borne disease prevention, application of food safety principles, and the requirements of the food code will be available during all hours of operation
- A written Employee Health Policy that excludes or restricts food workers who are ill or have infected cuts or lesions;
- A written policy for reporting imminent health hazards to a regulatory authority.
- A written policy for employees to follow when cleaning up a contamination event.
- Consumer advisory on menu to notify customers that specific animal based foods (such as meat, poultry, fish, shellfish or eggs) when served raw or undercooked are not processed to eliminate pathogens. Applicable when raw proteins are served undercooked.

MENU INFORMATION: *(Use a separate sheet if needed)*

In addition to the complete menu provided, describe what foods will prepared on the MFU. Describe how items are stored, prepared and served.

CENTRAL PREPARATION FACILITY: (Reference: Texas Food Establishment Rules §228.2(15) & §228.221(b))

Please give a description of the type of advance food preparation that will occur at the central preparation/commissary facility used by the mobile food unit. (ie portioning foods, cutting vegetables, or pre-cooked sauces).

NOTE: A separate plan review application must be submitted for a central preparation facility owned by the mobile food unit operator. Otherwise a Central Preparation/Commissary Facility Agreement will need to be completed and submitted for use of a central preparation/commissary facility owned by someone other than the mobile food unit operator.

DRY STORAGE ON MFU:

Number of Cabinets (not sink cabinets): _____ Number of Shelving Units: _____

Will you have single service items? Disposable Only N/A

Returnable/damaged goods storage – state location if applicable: _____

Location designated for chemicals or non-food related items (such as tools for the engine, gasoline, etc.)

COLD STORAGE ON MFU:

Check box if all non-TCS foods/beverages only

Refrigerated Storage space (square feet): _____ Number of Refrigeration Units: _____

Frozen Storage space (square feet): _____ Number of Freezer Units: _____

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods: Yes No If yes, how will cross-contamination be protected?

FOOD PREPARATION:

Will all produce be washed on-board the mobile food unit prior to use? Yes No N/A

If no, will pre-washed and packaged produce be used? Yes No N/A

Time Only As A Public Health Control for Specific Menu Items? Yes No N/A

If yes, please list the items this policy will be used for: _____

Does the operator have HACCP plans to use any of the following special processes?

(Please submit separate Variance Request Form (VRF))

- Smoking Food - Preservation Yes No N/A
- Sushi Yes No N/A
- Curing Food Yes No N/A
- Food Additives/ Adding Components - Preservation Yes No N/A
- Live Molluscan Shellfish Tank..... Yes No N/A
- Custom Processing Animals..... Yes No N/A
- Reduce Oxygen Packaging / Sous Vide..... Yes No N/A
- Sprouting Seeds / Beans Yes No N/A
- Other Food/Beverage Special Processes Yes No N/A

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD: (Use additional blank paper if needed)

Check box if all items offered are Non-TCS foods/beverages only

Will this process occur onboard the mobile food unit? : Yes No

If answered "Yes", specify Thawing method(s) – check all that apply:

Refrigeration In Cooking Process Microwave Other (describe) _____

COOKING/REHEATING: (Use additional blank paper if needed)

Check box if all items offered are Non-TCS foods/beverages only

Will this process occur onboard the mobile food unit? : Yes No

If answered "Yes", List the equipment to be used:

- 1) _____
- 2) _____
- 3) _____

Type of ventilation hoods for equipment: Type I w/suppression Type II

HOT HOLDING: (Use additional blank paper if needed)

Check box if all Non-TCS foods/beverages only

How will hot PHF/TCS foods be maintained at 135°F or above during holding prior to service?

List type and quantity of hot holding equipment:

- 1) _____
- 2) _____
- 3) _____

COOLING: (Use additional blank paper if needed)

Check box if all Non-TCS foods / beverages only

Will this process occur onboard the mobile food unit? : Yes No

How will hot PHF/TCS foods be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours, then 70°F to 41°F in 4 hours)?

Check all cooling methods to be used: shallow pans ice baths ice paddle reduced volumes

blast chiller refrigerators walk-in refrigerator other: _____

List foods that will be subject to cooling:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

After cooling the food(s), please check all that apply: reworked into another product held over and reheated donated discarded

other: _____

SINKS – indicate quantity of each SEE PLANS NOT APPLICABLE

Location	4-Compartment Sinks	3-Compartment Sinks	Prep Sinks	Dump Sinks	Hand Sink(s)	Mop Sinks
Onboard the MFU						
In CFP/Commissary Kitchen						
In Commissary Restroom						

DISHWASHING FACILITIES: NOT APPLICABLE

The proper wash order is: (Pre-scrape, Detergent Wash (110F), Rinse, Sanitize, Air Dry)

How will cooking utensils and equipment be washed? (****REQUIRED***)

Utensils and equipment washed onboard the mobile food unit will most likely be:

Equipment and/or utensils that are planned to be washed at CFP/Commissary are:

Indicate The Desired Sanitizing Method

Hot Water. Submersed under 171F or above water

Chlorine. Submersed in 50-100 parts per million (ppm) available chlorine for at least 30 seconds of contact time

Quaternary Ammonium. Submersed in 200ppm for at least one minute of contact time; or

Other (*describe*): _____

SANITIZATION: (Use a separate sheet if needed) NOT APPLICABLE

1. Describe how the potable water system will be cleaned and sanitized.

2. What type of sanitizing agent will you use to sanitize the potable water tank?

- chlorine quaternary ammonia iodine

INSECT AND RODENT CONTROL:

* Flanges, plate covers, escutcheons and/or other approved and effective means required around piping.

Area	Air Curtain	Screening/Weather-Stripping	Self-Closure	Dock Boots
Service Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
Service Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A

Name of Contracted Pest Control Company: _____

FINISH SCHEDULE: complete ONLY if not otherwise provided in plans SEE PLANS

Indicate which materials (quarry tile, stainless steel, FRP, etc.) will be used in the following areas:

Location	Wall	Ceiling	Floor & Base Covering
Food Preparation Areas	_____	_____	_____ <input type="checkbox"/> N/A
Storage Areas	_____	_____	_____ <input type="checkbox"/> N/A
Hand/Dump Sinks	_____	_____	_____ <input type="checkbox"/> N/A
Ware Washing	_____	_____	_____ <input type="checkbox"/> N/A

* No unnecessarily exposed conduits, piping, framing, and/or other items/parts of the mobile food unit allowed.

LIGHTING SCHEDULE: complete ONLY if not otherwise provided in plans SEE PLANS

Location	Fixture Type	Shielded	Illumination @ 30 inches
RIC/RIF/Under-Counter Units (Inside)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC <input type="checkbox"/> N/A
Warewash / Handwash Areas	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC <input type="checkbox"/> N/A
Equipment / Utensil Storage	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC <input type="checkbox"/> N/A
Food Prep Areas Including Bars	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	50 FTC <input type="checkbox"/> N/A

WATER SUPPLY/PLUMBING CONNECTIONS: NOT APPLICABLE

Potable (Fresh Water) Tank: Labeled "Potable Water Only" Yes No

#Gallon Capacity _____ Tank Type: _____

Inlet Type & Diameter (3/4" or less): _____ Type of solder/glue for tank used: _____

Ice: Made on Premises (provide ice machine specifications) Purchased Commercially

Hot Water: Recovery capacity of hot water system _____ KW/BTU _____ #Gallon Capacity

Backflow Protection: RPZ = Reduced Pressure Assembly (Zone); AVB = Atmospheric Vacuum Breaker

Hose Bibs RPZ AVB Other: _____

Carbonator RPZ AVB Other: _____

Other RPZ AVB Other: _____

Where will the potable water come from to supply the fresh water system in the mobile unit? (Private – Residential well water is not approved) *The potable (fresh water) system requires the use of a food grade hose to fill the potable (fresh water) tank.

Water Supply: Public Private (provide PWS approval)

Name of the water utility: _____

WASTE WATER DISPOSAL: (Use a separate sheet if needed) NOT APPLICABLE

Waste water Tank: Labeled "Waste Water Only" Yes No

#Gallon Capacity _____ Tank Type (RV Type Preferred): _____

Outlet Type & Diameter (1" diameter or greater): _____

When not at a food truck park, where would you dispose of the liquid waste generated by the mobile food unit?

LINENS / LAUNDRY SERVICE:

Location:

Onsite (Provide details of procedure)

Offsite – Professional Service Contract (Provide Name)

N/A – ALL DISPOSABLE

EMPLOYEES' PERSONAL ITEMS STORAGE:

Describe Location and/or procedures to prevent contamination of food and/or food related/contact items and/or areas: (Use additional blank sheet if needed)

Approval of these plans and specifications by the Northeast Texas Public Health District (NET Health) does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local agencies. It further does not constitute endorsement or acceptance of the completed establishment (structure, equipment, or operational plans).

A pre-opening inspection of the establishment with equipment installed and operational is required prior to commencing operations.

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Northeast Texas Public Health District (NET Health) may nullify final approval.

Signature: _____ Date: _____ Title: _____

FOR OFFICE USE ONLY

MFR# _____ Reviewed with Operator on (date): _____ Accepted Not Accepted

Reviewer: _____ Reason for not accepting: _____

APPROVED – NO CONDITIONS APPROVED – Conditional on stipulations noted on Preliminary Inspection Checklist / Plan Review Checklist NOT

APPROVED – Reason: _____